

NOV 07 2007

Practitioner's Docket No. CU-2571

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Stefan CARLSSON et al.

For: TOOL HANDLE

the specification which:

(check and complete (a), (b) or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was filed on June 19, 2001 as Application No. 09 / 868, 526 and was amended on _____ (if applicable).
- (c) ☐ was described and claimed in International Application No. _____ filed on _____ and as amended on _____ (if any).

PROOF OF AUTHORITY OF ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE(S)

The declaration for the above identified application was signed on behalf of the

- ☒ deceased
- ☐ incapacitated

Inventor Stefan Carlsson

(type or print name of deceased or incapacitated inventor)

by _____

(type or print name(s) of administrator(trix), executor(trix) legal representative, or all heirs)

Attached is

(check and complete (d) or (e))

- (d) ☐ a certificate of the clerk of a competent court or the register of wills that the appointment of the signatory is still in force and effect.
- (e) ☒ a certificate from the appropriate court that they are all the heirs and that the estate did not require the appointment of an administrator or that they have the authority corresponding to that of an administrator or heir.

(also check and complete (f) and/or (g), if applicable)

- (f) ☒ The court papers mentioned above are not in English. An English translation of such papers are also attached.

NOTE: The translation need not be sworn or affirmed. MPEP § 409.01(a).

- (g) ☐ A consular officer of the United States has authenticated the signature of the foreign officer attesting to the papers submitted as proof of authority.

(Proof of Authority of Administrator(trix), Executor(trix) or Legal Representative(s) [1-8]—page 1 of 2)

Date: 11/29/2004

Reg. No. 45613

Tel. No. (312) 427-1300

Customer No. 26530

Brian W. Hamder

SIGNATURE OF PRACTITIONER

Brian W. Hamder

(Type or print name of practitioner)

c/o Ladas & Parry LLP

P.O. Address

224 South Michigan Avenue

Chicago, IL 60604

(Rel.88-10/01 Pub.605)

FORM 1-1

1-11

(check proper box(es) for any of the following added page(s)
that form a part of this declaration)

☐ **Signature** for fourth and subsequent joint inventors. *Number of pages added* _____

* * *

☒ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* 1

* * *

☒ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* 1

* * *

☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

* * *

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages added _____

* * *

☐ Authorization of practitioner(s) to accept and follow instructions from representative.

* * *

(if no further pages form a part of this Declaration,
then end this Declaration with this page and check the following item)

☐ **This declaration ends with this page.**

(Declaration and Power of Attorney [1-1] ~~page 2 of 2~~)

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

NOTE: Each inventor must be identified by full name, including the family name, and at least one given name without abbreviation together with any other given name or initial, and by his/her residence, post office address and country of citizenship, 37 CFR § 1.63(a)(3).

NOTE: Inventors may execute separate declarations/oaths provided each declaration/oath sets forth all the inventors. Section 1.63(a)(3) requires that a declaration/oath, inter alia, identify each inventor and prohibits the execution of separate declarations/oaths which each sets forth only the name of the executing inventor. 62 Fed. Reg. 53,131, 53,142, October 10, 1997.

Full name of sole or first inventor

Stefan

(GIVEN NAME)

deceased -

(MIDDLE INITIAL OR NAME)

CARLSSON

FAMILY (OR LAST NAME)

Inventor's signature see added page signed by legal representative

Date _____ **Country of Citizenship** Sweden

Residence Bankeryd, Sweden

Post Office Address Sjoakravagen 69, SE-564 31
Bankeryd, Sweden

Full name of second joint inventor, if any

Jacek

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

CHALAS

FAMILY (OR LAST NAME)

Inventor's signature Non-signing Inventor - see added page signed by legal representative of

Date Stefan CARLSSON **Country of Citizenship** Sweden

Residence Malmo, Sweden

Post Office Address Soderasgatan 141, SE-216 17 Malmo, Sweden

Full name of third joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ **Country of Citizenship** _____

Residence _____

Post Office Address _____

Practitioner's Docket No. CU-2571

**ADDED PAGE TO COMBINED DECLARATION
AND POWER OF ATTORNEY FOR SIGNATURE BY JOINT INVENTOR(S)
ON BEHALF OF NONSIGNING INVENTOR(S) WHO REFUSE(S)
TO SIGN OR CANNOT BE REACHED (37 CFR 1.47(a))**

WARNING: "37 C.F.R. § 1.47(a) and 35 U.S.C. § 116 ¶ 2 require all available joint inventors to file an application 'on behalf' of themselves and on behalf of a joint inventor who 'cannot' be found or reached after diligent effort" "or who refuses to 'join in an application.'" M.P.E.P. § 409.03(a), 6th ed., rev. 3 (emphasis added). See also 62 Fed. Reg. 53,131, 53,137, 203 O.G. 68 (Oct. 10, 1997).

I. I am an above named joint inventor and have signed this declaration on my own behalf and also sign this declaration under 37 CFR 1.47(a) on behalf of the nonsigning joint inventor, particulars for whom are:

Full name of (first, second, etc.) Jacek Chalas
nonsigning inventor who

- ☒ refuses to sign
☐ cannot be found or reached

NOTE: The name of the nonsigning inventor(s) should preferably also be filled in at the appropriate prior space in the declaration, adding the words "nonsigning inventor-completed on added page."

Sweden

Country of Citizenship of nonsigning inventor

Soderasgatan 141, SE-216 17 Malmo, Sweden

Last known address of nonsigning inventor

NOTE: Ordinarily, the last known address will be the last known residence of the nonsigning inventor(s). A post office box is insufficient. Other addresses at which the nonsigning inventor(s) may be reached should also be given. These can best be given in the Statement Of Facts In Support Of Filing On Behalf Of Omitted Inventor. MPEP § 409.03(e), 6th ed.

II. Accompanying this declaration is:

(1) A STATEMENT OF FACTS IN SUPPORT OF FILING ON BEHALF OF NONSIGNING INVENTOR (previously submitted)

~~-(2) -THE PETITION-FEE OF \$130.00 (37 CFR 1.170) (previously submitted)~~

Irene Elvingsson - Carlsson

(type or print name of joint inventor
signing on behalf of nonsigning
inventor)


Signature

legal representative of

Stefan Carlsson - deceased

(Added Page to Combined Declaration and Power of Attorney For Signature By One Joint Inventor on Behalf of Nonsigning Inventor(s) Who Refuse(s) to Sign or Cannot Be Reached [1-4]—page 1 of 1)

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**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

Irène Elvingsson-Carlsson

(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)
Sweden

hereby declare that I am a citizen of Sjoakravagen 69, SE-564 31 Bankeryd, Sweden,
residing at _____

and that I am executing and signing the declaration to which this is attached as

(check one):

- ☐ the administrator(trix) of _____
☐ executor(trix) of the last will and testament of _____
☒ legal representative (or heirs) of _____

Stefan Carlsson (deceased)

Full name of (first, second etc.) deceased or incapacitated inventor

Sweden

Country of citizenship of deceased or incapacitated inventor

Bankeryd, Sweden

Residence of deceased or incapacitated inventor

Sjoakravagen 69, SE-564 31 Bankeryd, Sweden

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the Inventor is required to state.

Date: _____

Irène Elvingsson-Carlsson

Signature of administrator(trix), executor(trix)
legal representative (or all heirs)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])